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them by instruction, and the public gave constant employment to the graduates.

The building of the "Thayer," giving a dwelling to the nurses connected with the hospital and yet entirely apart, with every arrangement for rest and comfort, was of incalculable benefit. Year by year added improvements to the instruction in their profession. When in 1895 it was decided that the Training-School should pass entirely into the hands of the hospital authorities and the Board of Directors therefore ceased to exist, the half dozen of nurses who were sufficient for the experimental beginning had increased to seventy-two, with superintendent and assistant superintendent. Three hundred and ninety-eight nurses had been graduated, of whom fifty-eight became superintendents or assistant superintendents in other hospitals, one hundred and eighty-six took up private nursing, and the remainder either died or returned to other occupations.

REVERENT CARE OF THE DEAD

By CHARLOTTE M. PERRY

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How truly our beliefs, our sense of the infinite and of the "permanence of man's individuality and being" in the life to come, influence us towards a reverent care of the dead is perhaps not perceptible to us during the busy hospital career. That centre of activity was often the scene of sorrow to bereaved relatives of patients, but under the pressure of many duties there was not time to realize more than the bald fact of death. We went down to the river's edge with our patient and closed his eyes to all earthly sights, were touched by the sad spectacle, and then hurried back into the whirl of work. According to the frequency of this experience, we may have felt less its significance, and even have become perfunctory in the discharge of those duties allotted to us in this connection.

Sooner or later, however, we must form some definite conceptions regarding the mystery of life and death; and it will be from those who entertain high ideals of the sanctity of the human body in its present and future relations, those who take into account the element of responsibility for all deeds done in the body with which every moral and reasonable being is endowed, that we shall expect a reverent care of the shrine of the soul at the time of death. There will be some sense of the intimate relations which have existed between the body and that immaterial part of us which lives on, quickened, in the disembodied state, with a keener

intelligence. The idea of responsibility demands that memory, at least, shall be free to exercise itself undisturbed. If memory is essential, so are the judging faculties. Activity such as we cannot now conceive of will be the portion of the liberated soul, whatever the state it falls heir to, good or evil. Some have thought that the disembodied soul possesses subtler organs,—capacities of seeing, hearing, and speaking,—which either by its own native power given at its creation it forms to itself, or by a special act of the Divine power it is supplied with.

Whatever the condition and environment of the departed soul immediately after death, the very mystery which surrounds so important a subject to ourselves gives rise to a spontaneous impulse of reverence in the presence of the dead. Even hardened undertakers, however much they may seek to “shake it off” and act as though these more than daily occurrences had made them entirely callous, sometimes reflect upon the change which must overtake us all.

It is a great mistake to fancy that scientific study brings with it a sceptical attitude towards these subjects, which must in part remain a mystery on this side the grave, because they have not been fully revealed. Far from this, it should lead us to expect great things in the way of future existence. “If we regard the world of Nature, we notice that perpetual destruction and resurrection are going on, and we ourselves maintain our present life by a series of resurrections.” “Day dies into night and is buried in silence and in darkness; summer dies into winter, and spring leaps to life from its sepulchre; the corn is cast into the earth and buried, that being corrupted it may revive and multiply; the caterpillar passes into the butterfly after its seeming dead existence in the chrysalis.”

The latter simile has served for illustration to those who believe the body is a mere shell to be cast off and done away with at the time of death, thus barring out the joyous belief of final resurrection and substituting an attenuated corporeity far from *human*. But saddest of all is the faithless cry—“death ends all.” There is no call for a reverent care of the dead in either instance—at least in the former it would be only owing to association or custom.

So far we have been thinking only of the reactionary effect upon the nurse of her belief in these matters, and of the consequent manner in which she discharges her duties. Habit makes character: what the accumulated result in callous unbelief will be on the one who goes through these offices in a stoical, indifferent, hard, or even superstitious way cannot be estimated.

Consideration for the relatives of the deceased is, of course, of prime importance; self-interest, if no higher motive, would lead a nurse to

cultivate it. The writer recalls an instance where a most spiritual and devoted clergyman, in visiting a hospital morgue, objected strongly to the noisy, rough manner of the man in charge. This may have been due to nervousness or to carelessness. In another case, the relatives were shocked by undue exposure, which was, however, entirely traceable to accident. It is comforting to know that on the whole a fitting reverence does obtain in our hospitals and in private practice; that if this is a materialistic age, it is one also of toleration and respect for others' beliefs.

THE ORIGIN, GROWTH, AND PRESENT STATUS OF DISTRICT NURSING IN ENGLAND

By AMY HUGHES

Delegate from fourteen Nursing Societies of England

ON receiving the kind invitation to read a paper on "The Origin, Growth, and Present Status of District Nursing in England" my first feeling was that it would be difficult to avoid repeating much of what had already been said when I had the honor of speaking on the work of the Queen Victoria's Jubilee Institute for Nurses at the Nursing Conference held in Chicago in 1893. I trust you will forgive some inevitable repetition, as the work of the Queen's Institute, of which I am again the representative to-day, is closely interwoven with the history of district nursing.

In collecting statistics of the work since then, one cannot fail to be impressed by the rapid growth of this branch of nursing and the way it has spread over the kingdom.

If this increase is remarkable in eight years, it is much more so since the first effort to bring skilled nursing within reach of the poor in their own homes was made by Mrs. Fry in 1845, who established the Nursing Sisters of Devonshire Square, Bishopsgate, for that purpose. This effort was followed by the Society of St. John's House, founded in 1848 with the design "of improving the qualifications and raising the character of nurses for the sick in hospitals, among the poor in their own homes and in private families, by providing for them professional training, together with moral and religious discipline under the care of a sister superior aided by a chaplain."

District nursing was first definitely formulated in Liverpool in 1859, a trained nurse being sent to work in a small district.

Such good results were obtained that its promoter, Mr. W. Rathbone, was encouraged to extend the work, and within four years the whole of

* Read at the Congress in Buffalo, September, 1901.